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Underground Storage Tank Tightness Testing Checklist

The attached Underground Storage Tank (UST) checklist is required for activity listed above. This checklist certifies that the Tightness Testing activities are performed and conducted in accordance with Chapter 173.360 WAC.

See back of form for instructions.

1. UST SYSTEM LOCATION AND OWNER

UBI Number: 602-758-730 Site ID Number: A1363
(UBI # from Master Business License) (Available from Ecology if tank is Registered)

Site/Business Name: Big B mini mart

Site Address: 1611 S. Canyon Rd Kittitas
Street County
ELLensburg WA 98926
City State Zip+4 (required)

Telephone: 509-925-5721

UST Owner/Operator: SAME

Mailing Address: Street P.O. Box
City State Zip+4 (required)

Telephone: _____

2. FIRM PERFORMING WORK

Service Company: L.W Fuel Systems

Service Co. Address: 217 N NAPA
Street
Spokane WA 99202
City State Zip+4 (required)

Certified Supervisor: Doug Aarhus

Address: SAME
Street P.O. Box
City State Zip+4 (required)

ICBO Certification Number: 5304585-U3 Certification Issue Date (Month/Year): 08/07

Telephone: 509-534-3206

Ecology is an equal opportunity and affirmative action employer.
 For special accommodation needs, please contact the Underground Storage Tanks Section at (360) 407-7170.
 1-(800) 833-6388 or 711 (TTY)

Underground Storage Tank

Tightness Testing Checklist

Site ID #	<u>71363</u>
Site Address	<u>Big & mini mart</u>
	<u>1611 S. Canyon Rd</u>
City	<u>Ellensburg WA</u>

For more than four UST systems, you may photocopy this form prior to completing.

I. TIGHTNESS TESTING METHOD

Date of Test: 10-29-08

1. Tightness testing method(s) used (indicate if more than one method was used):

Test method name/version Petro-lite

Test method manufacturer Pirapara Eng.

Note: A tank must be tested up to the product level limited by the overfill prevention device. If an overfill prevention device is not installed, a tank must be tested up to the 95% full level. When underfill volumetric testing methods are used, the tank must be; 1) filled with product to the 95% full level or 2) the portion of the tank above the product level must be tested using a nonvolumetric method which meets performance standards, for tightness testing.

2. Indicate the method used to determine if groundwater was present above the bottom of the tank during the test (required for single wall tanks):

3. Method used for release detection:

- ☐ Weekly manual gauging
☒ Daily manual inventory control
☐ Automatic tank gauging (ATG)
☐ Interstitial monitoring
☐ Other (describe) _____

4. Reason for conducting tightness test:

- ☒ Required for release detection requirement
☐ Bring temporarily closed tanks back into service
☐ Tank or piping repair
☐ Other (describe) _____

5. Type of test conducted:

- ☐ Tank tightness test only
☒ Line tightness test only
☐ Total system test (tank and lines tested together)

6. Test method type:

- ☐ Overfill volumetric
☐ Underfill volumetric
☐ Nonvolumetric
☐ Volumetric

II. TEST METHOD CHECKLIST

The following items shall be initialed by the Certified Supervisor whose signature appears on this form.

- | | Yes | No | NA* |
|---|-------------------------------------|-------------------------------------|-------------------------------------|
| 1. Has the tightness testing method used been demonstrated to meet the performance standard specified in the UST rules for the conditions under which the test was conducted? (e.g., detecting a 0.10 gallon per hour leak rate with probability of detection of at least 95% and a probability of false alarm of no more than 5%). | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have all written testing procedures developed by the manufacturer of the testing equipment and method been followed while the test was being set up and conducted? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Was the product level in the tank during the test within the limitations of the test methods performance standards? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. If groundwater was present above the bottom of the tank, have the testing procedures accounted for its presence? (required for single wall tanks) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. If the tightness test is considered a failed test, has the owner/operator been notified of the test results? (Note: Tank owner must report a failed tightness test as a suspected release within 24 hours to UST staff at the appropriate Ecology regional office.) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

* Item not applicable

White Copy (Ecology), Yellow Copy (Owner/Operator), Pink Copy (Service Provider)

Site ID #	A1363
Site Address	Box B mini med
	1211 S Canyon Rd.
City	Ellensburg WA

Tightness Testing Checklist (continued)

III. TANK INFORMATION CHECKLIST

	Tank 1	Tank 2	Tank 3	Tank 4
1. Tank ID # (tank name registered with Ecology)				
2. Date installed				
3. Tank capacity in gallons				
4. Last substance stored				
5. Number of tank compartments				
6. Tank type: (S) single wall; (D) double wall; (P) partitioned				
7. Is overfill device present? (Yes/No)				
8. Percentage of product in tank during test? (Volume % must comply with test method certification requirements)				
9. The test method used can detect a leak of how many GPH?				
10. The numerical tank test results are? (in gallons per hour)				
11. Based on evaluating test results and conducting any retesting as necessary as per test protocol to obtain conclusive test results; the test results are? (Pass/Fail)*				

IV. Line Information

	Line 1	Line 2	Line 3	Line 4
1. Piping type: (S) single wall; (D) double wall	S	S	S	S
2. Pump type: (T) turbine; (S) suction	T	T	T	T
3. (a) If turbine, is line leak detector present? (Yes/No)	Yes	Yes	Yes	Yes
(1) If present, was lead seal intact? (Yes/No N/A)	N/A	N/A	N/A	N/A
(2) Line leak detector results? (Pass/Fail)	Pass	Pass	Pass	Pass
(b) If suction, check valve located at? (T) tank (P) pump				
4. The numerical line test results are? (in gallons per hour)	-004	-007	-003	-008
5. Line tightness test results? (Pass/Fail)*	PASS	PASS	PASS	PASS

* Inconclusive test results for tanks or piping will not be considered as a valid tightness test for the purposes of complying with UST release detection regulations.

V. REQUIRED SIGNATURES

I hereby attest, that I have been the Certified Supervisor present during the above listed testing activities, and to the best of my knowledge they have been conducted in compliance with all applicable state and federal laws, regulations and procedures, pertaining to underground storage tanks.

Persons submitting false information are subject to formal enforcement and/or penalties under Chapter 173.360 WAC.

10-29-08	<u>Doug L. Cook</u>	<u>Doug AAKW</u>
Date	Signature of Certified Supervisor	Printed Name
10-29-08	<u>James S Kang</u>	<u>James S Kang</u>
Date	Signature of Tank Owner/Authorized Representative	Printed Name